

# **California MUTCD Training - Request Form**

(This form is to request only new training that hasn't been scheduled)  
(Please DO NOT USE this form to register for any currently scheduled classes,  
use "To Register" column info on the web site's training page for that purpose)

## **Contact Information:**

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Requested Training:** (Please check all boxes that apply and are of interest for the training being requested)

<input type="checkbox"/>	<b>California MUTCD Overview (2 Hrs)</b>	<input type="checkbox"/>	<b>Temporary Traffic Control - WZones(1 – 3 Hrs)</b>
<input type="checkbox"/>	<b>Introduction &amp; Background (1 Hr)</b>	<input type="checkbox"/>	<b>TCs for School Areas (1 Hr)</b>
<input type="checkbox"/>	<b>Signs (2 – 4 Hrs)</b>	<input type="checkbox"/>	<b>TCs for Hwy-Rail/LRT Xings (1 – 2 Hrs)</b>
<input type="checkbox"/>	<b>Markings (1 – 3 Hrs)</b>	<input type="checkbox"/>	<b>TCs for Bicycle Facilities (1 Hr)</b>
<input type="checkbox"/>	<b>Traffic Signals (1 – 3 Hrs)</b>	<input type="checkbox"/>	<b>Other (Please describe) _____</b>

**Targeted Audience:** (for example: Caltrans District 4 Traffic staff, LADOT's Operations staff, Marin County Public Works staff, private consultant/vendor staff, ITE Southern California Section members)

\_\_\_\_\_  
\_\_\_\_\_

## **Training Details:**

Can you provide facility?: \_\_\_\_\_  
If yes, provide address: \_\_\_\_\_  
\_\_\_\_\_  
Facility Coordinator: \_\_\_\_\_  
Number of Participants (Recomm. 35 to 50): \_\_\_\_\_  
Proposed Date & Time of Training\*: \_\_\_\_\_  
\* - (Within 1 to 6 months from Request Date)

**Additional Comments:** (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Send Completed Form to:**

<b><u>E-Mail Address:</u></b> mutcdsupp@dot.ca.gov  <b><u>Fax Number:</u></b> 916-653-3055 Attention: Johnny Bhullar	<b><u>Mailing Address:</u></b> Attention: Johnny Bhullar MUTCD Supplement Branch, MS-36 Office of Signs, Markings & Permits, Caltrans, Division of Traffic Operations P.O. Box 942874, Sacramento, CA-94274-0001
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NOTE: For documentation purpose, requests are not accepted via phone.